



SelectHealth Remittance Advice Key

Reversal claim information will appear as negative dollars in the body of the RA. The recovery status of the claim will appear in the Recovery and Forward Balance Detail at the end of the RA.

A new claim will be processed to correct the mistake, and the new claim will list the reason for the correction.

Remember that only those claims where an actual recovery or reversal occurred on the current payment will appear in this section. Reversed or Pending Recovery claims with a remaining forward balance will not appear again until dollars are actually recovered.

This is a key to the current group codes — two-letter codes used to indicate the type of adjustment being made to the claim line and to assist providers in determining who is liable for the adjusted dollars.

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ANYTOWN, UT 12345-4444

EXPLANATION OF PAYMENT

NAME	A DOCTOR		
STATEMENT DATE	06/30/2011	PAGE	1 of 1
T.I.N. NUMBER	123456789		
PROVIDER ID	1070000001		
REFERENCE ID	2011063011111111		
CHECK NUMBER	0	AMOUNT	0.00

PATIENT NAME	JONES, TEST A.	PATIENT ID	800356079-01	PATIENT A/C #	22251156-6
SUBSCRIBER NAME	JONES, TEST B.	CLAIM ID	099000124000		
PROVIDER NAME	DOCTOR, A	PRODUCT	Select Care Plus		

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT	GC	CARC	RARC	ADJUSTMENT	GC	CARC	RARC
06/08/11 to 06/08/11	92004	177.00	143.62	108.62	33.38	CO	45		35.00	PR	3	
06/08/11 to 06/08/11	6791751RT	1525.00	1198.36	778.69	326.64	CO	45		225.00	PR	96	N383
06/08/11 to 06/08/11	922502652RT	100.00	0.00	0.00	100.00	CO	45	N365				
TOTAL:		1802.00	1341.98	887.31	TOTAL CO:	460.02			TOTAL PR:	454.67		
INTEREST:				1.28	TOTAL OA:	0.00			TOTAL PI:	0.00		

PATIENT NAME	THOMAS, TEST B.	PATIENT ID	800319747-01	PATIENT A/C #	124 102995170
SUBSCRIBER NAME	THOMAS, TEST B.	CLAIM ID	090300031602		
PROVIDER NAME	DOCTOR, A	PRODUCT	Select Med Plus		

DATES OF SERVICE	SERVICE CODE	FEE CHARGE	ALLOWED AMOUNT	PLAN PAID	ADJUSTMENT	GC	CARC	RARC	ADJUSTMENT	GC	CARC	RARC
06/10/11 to 06/10/11	96413	276.00-	182.00-	147.75-	94.00-	CO	45		34.25-	PR	96	N23
06/10/11 to 06/10/11	A4216	12.00-	6.00-	4.86-	6.00-	CO	45		1.14-	PR	96	N23
TOTAL:		288.00-	188.00-	152.61-	TOTAL CO:	100.00-			TOTAL PR:	35.39-		
INTEREST:				1.93-	TOTAL OA:	0.00			TOTAL PI:	0.00		

	FEE CHARGE	ALLOWED AMOUNT	CONTRACTUAL OBLIGATION	PATIENT RESPONSIBILITY	OTHER ADJUSTMENTS	PLAN PAID	INTEREST
PAYMENTS:	1802.00	1341.98	460.02	454.67	0.00	887.31	1.28
RECOVERIES:						886.47-	2.12-
TOTAL:						.84	.84

RECOVERY AND FORWARD BALANCE DETAIL FOR THIS PAYMENT

PATIENT NAME	DATE OF SERVICE	PATIENT A/C#	CLAIM ID	ORIGINAL REFERENCE ID	RECOVERY AMOUNT	RECOVERED INTEREST	FORWARD BALANCE
RECOVERY, A PREVIOUS	04/10/11	089000131600	099000010000	1234567890123456	28.23	2.12	0.00
RECOVERY, B PREVIOUS	06/10/11	111111111111	090808080000	9876543210000000	858.24	0.00	36.02
THOMAS, TEST A	06/10/11	124 102995170	090300031602	1234567890123560	0.00	0.00	154.54

CLAIM ADJUSTMENT (CARC) AND REMITTANCE ADVICE (RARC) CODE EXPLANATIONS

2	Coinsurance Amount
3	Copayment Amount
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
96	Non-covered charge(s). At least one Remark Code must be provided.
N23	Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
N365	This procedure code is not payable. It is for reporting/information purposes only.
N383	Services deemed cosmetic are not covered

Group Codes (GC) = CO: Contractual Obligations PR: Patient Responsibility PI: Payor Initiated Reductions OA: Other Adjustments
Forward Balance = Remaining recovery amount where no recovery or only a partial recovery was made for a claim on this remittance advice.

Group Codes (GCs), Claim Adjustment Reason Codes (CARCs), and Remittance Advice Remark Codes (RARCs) are the HIPAA-approved codes used to report dollars not paid to the provider for a particular claim.

This is a key to the CARCs, which communicate why a claim or service line was paid differently than it was billed. If no adjustment to a claim/line, then there is no adjustment reason code.

Common examples include:

- Deductible Amount
- Coinsurance Amount
- Co-payment Amount
- Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

In some cases an RARC will be supplied to further define the adjustment. Since the RARC is a supplemental code to the CARC, an RARC will never be reported without a CARC.

Questions? Please contact Member Services at 800-538-5038.